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<b>POWER OF ATTORNEY          OR          REVOCATION OF POWER OF ATTORNEY          WITH A NEW POWER OF ATTORNEY          AND          CHANGE OF CORRESPONDENCE ADDRESS</b>	<b>Application Number</b>	10/056,528
	<b>Filing Date</b>	January 23, 2002
	<b>First Named Inventor</b>	Daryl HOCHMAN
	<b>Title</b>	Method of Treating Migraine...
	<b>Art Unit</b>	1614
	<b>Examiner Name</b>	Brian Yong S. KWON
	<b>Attorney Docket Number</b>	74126.000009

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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I am the:

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OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/99) submitted herewith or filed on \_\_\_\_\_.

SIGNATURE of Applicant or Assignee of Record

Signature

Date

Name

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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